



INSTALLATION & SERVICE
COMPLETION REPORT

Windows and Doors

* LEAD *

Paul
Pella Mid-Atlantic, Inc.
12100 Baltimore Avenue, Suite 1
Beltsville, MD 20705
301-957-7070
877-59-PELLA
Installationdepartment@pellamidatlantic.com
MHIC136537
VA 2705170176

Customer Name:

Address:

Phone Day:

Night:

Cell:

Installation Date:

Feb 11 2021

Order #:

717LCNID7

Crew:

CIMA1

Delivery:



Product to be picked
up at am
Job

Install Pick-up:



12-2 pm

Custom Stain or Paint:



C.O.D. Payment Schedule:

Check #

Expires

Auth#

Delivery Payment:

(b) (6)

CASH

(b) (6)

Completion Payment:

(b) (6)

CASH

(b) (6)



GE Financing: Completion certificate attached for signature(s)

Signatures required confirming walkthrough completed with customer

Customer

(b) (6)

Crew Lead

(b) (6)

Complete the following after walk through with crew leader.

List Any Deficiencies:

Item #	Specific Problem

Customer Comments:

Customer Signature:

(b) (6)

Date:

Crew Leader Signature:

Date:

2 11 21



Project Acceptance Form

Customer:
Install At:

(b) (6)

Sub-Contracted Installation Company:
(b) (6)(b) (6)(b) (6) - CIMA International LLC
Customer Event #: 17465726

Day phone:
Cell phone:
Email:

Order Number: 717LCNID7
Installation Date: February 11, 2021
Install Duration: .5 DAY
Arrival Time: 12:00 pm

Branch Name: Beltsville Office
Branch Address: 12100 Baltimore Ave
Beltsville, MD 20705
Branch Phone: 301-957-7000

Sales Consultant:
Project Coordinator: Shiflett, Alyssa
PC Phone:

Special Customer Requests or Product Notes:

25-Nov-2020 12:00 AM-No preference-please contact customer to schedule OV -202-810-1162

Installer Payout:

PQM Line #	Description	Quantity	Payout \$ Amount
15	RIW365 - Sill Repair (includes rot, replacing existing, lowering sill)	1	(b) (6)
15	RIW244 - Entry Door - Single Door	1	(b) (6)
15	RIW287 - Reinstall Security Bars w/ lag bolts	1	(b) (6)
15	RIW284 - Exterior capping only, used to cap an existing unit	2	(b) (6)
15	RIW286 - Remove Security Bars - Per Opening	1	(b) (6)
15	RIW259 - Entry Door - Lock and Deadbolt Installation	1	(b) (6)
20	RIWLSF10 - Lead Safe Removal Full Tear Out Installation per opening	1	(b) (6)
Total Installer Payout:			(b) (6)

Lead-Based Work:

☒ Lead-Based Testing is required in accordance with EPA and applicable regulations. Test results will determine if Lead-Based Work Practices will or will not be required

Gudauskas, Vaidas - CIMA International LLC agrees to install the above referenced products for the amount specified above and to follow the specifications and terms listed above and abide by all the terms of the Subcontractor Agreement for Expert Installers. Sub-Contractor agrees that all persons on jobsite will follow industry best practice, use appropriate installation methodology, and have appropriate background checks.

Accepted by: ZEIGLERP -

01/12/2021
Acceptance Date: 09:46:58 am



Paint Test Kit Record Keeping

Windows and Doors

Inc.
12100 Baltimore Avenue
Beltsville, MD 20705
PH 301-957-7070
FAX 301-419-2301
877-24-PELLA

PROPERTY OWNER INFORMATION

NAME OF OWNER: (b) (6)
ADDRESS: (b) (6)
CITY: (b) (6) STATE: (b) (6) ZIP: (b) (6) CONTACT #: ()
E-MAIL: (b) (6)

RENOVATOR INFORMATION

Fill out the following information that is available about the Renovation Site, Firm, and Certified Renovator

RENOVATION ADDRESS: Saa UNIT #:
CITY: STATE: ZIP: CONTACT #: ()
CERTIFIED FIRM NAME: Estate Construction
ADDRESS: 12100 Baltimore Ave.
CITY: Beltsville STATE: MD ZIP: 20705 CONTACT #: (301) 957-7070
E-MAIL:
CERTIFIED RENOVATORS NAME: (b) (6) DATE CERTIFIED: 2-20-20

TEST KIT INFORMATION

Use the following blanks to identify the test kit or test kits used in testing components

TEST KIT #1 MANUFACTURE: Esca Tech MANUFACTURE DATE: ____/____/____
MODEL: D Lead SERIAL #: 20017
EXPIRATION DATE: ____/____/____
TEST KIT #2 MANUFACTURE: MANUFACTURE DATE: ____/____/____
MODEL: SERIAL #:
EXPIRATION DATE: ____/____/____
TEST KIT #3 MANUFACTURE: MANUFACTURE DATE: ____/____/____
MODEL: SERIAL #:
EXPIRATION DATE: ____/____/____



Paint Test Kit Record Keeping

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PH 301-957-7070
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877-24-PELLA

OCCUPANT NAME: _____

RENOVATION SITE ADDRESS: _____

CITY: _____

(b) (6)

UNIT #: _____

ZIP: _____

TEST LOCATION #: Door.

DATE OF TEST: 12-14-20 Lot: A or B

DESCRIPTION OF TEST LOCATION: Jamb

RESULT: IS LEAD PRESENT? (CHECK ONE) : ☐ NO LEAD DETECTED

☐ LOW LEAD

☒ POSITIVE FOR LEAD

(LEAD PRESENT - BELOW US EPA REGULATED LEAD)

TEST LOCATION #: _____ DATE OF TEST: _____ Lot: A or B

DESCRIPTION OF TEST LOCATION: _____

RESULT: IS LEAD PRESENT? (CHECK ONE) : ☐ NO LEAD DETECTED

☐ LOW LEAD

☐ POSITIVE FOR LEAD

(LEAD PRESENT - BELOW US EPA REGULATED LEAD)

TEST LOCATION #: _____ DATE OF TEST: _____ Lot: A or B

DESCRIPTION OF TEST LOCATION: _____

RESULT: IS LEAD PRESENT? (CHECK ONE) : ☐ NO LEAD DETECTED

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(LEAD PRESENT - BELOW US EPA REGULATED LEAD)

TEST LOCATION #: _____ DATE OF TEST: _____ Lot: A or B

DESCRIPTION OF TEST LOCATION: _____

RESULT: IS LEAD PRESENT? (CHECK ONE) : ☐ NO LEAD DETECTED

☐ LOW LEAD

☐ POSITIVE FOR LEAD

(LEAD PRESENT - BELOW US EPA REGULATED LEAD)

Ref # 717LCN107

Customer Initials

(b) (6)
(b) (6)**ATTACHMENT 6: (EPA PRE-RENOVATION FORM)****Occupant Confirmation****Pamphlet Receipt**

☐ I have received a copy of the lead hazard information pamphlet informing me of the potential risk of the lead hazard exposure from renovation activity to be performed in my dwelling unit. I received this pamphlet before the work began.

(b) (6)(b) (6)

Printed Name of Owner-occupant

(b) (6)

11/24/2020

Signature of Owner-occupant

Signature Date

Renovator's Self Certification Option (for tenant-occupied dwellings only)

Instructions to Renovator: If the lead hazard information pamphlet was delivered but a tenant signature was not obtainable, you may check the appropriate box below.

☐ **Declined** – I certify that I have made a good faith effort to deliver the lead hazard information pamphlet to the rental dwelling unit listed below at the date and time indicated and that the occupant declined to sign the confirmation of receipt. I further certify that I have left a copy of the pamphlet at the unit with the occupant.

☐ **Unavailable for signature** – I certify that I have made a good faith effort to deliver the lead hazard information pamphlet to the rental dwelling unit listed below and that the occupant was unavailable to sign the confirmation of receipt. I further certify that I have left a copy of the pamphlet at the unit by sliding it under the door or by (fill in how pamphlet was left).

Printed Name of Person Certifying Delivery

Attempted Delivery Date

Signature of Person Certifying Lead Pamphlet Delivery

Unit Address

Note Regarding Mailing Option — As an alternative to delivery in person, you may mail the lead hazard information pamphlet to the owner and/or tenant. Pamphlet must be mailed at least seven days before renovation. Mailing must be documented by a certificate of mailing from the post office.